

TRAINING SUPPORT REQUEST

DATE: _____

DATE STAMP OF WHEN REQUEST WAS
RECEIVED BY CR OPERATIONS

UNIT: _____

UIC: _____ POC: _____

E-MAIL ADDRESS: _____

TELEPHONE NUMBER: _____
(VOICE)

(FAX) _____

COMPONENT: _____ MAILING ADDRESS: _____
(i.e. ARNG, USAR, USA, USN, etc.)

Title 10 _____ Title 32 _____

	Date/Time:	Number and Type of Vehicles:	Strength:	Qty:	Aircraft Type:	Qty:
ETA (ADVANCE PARTY)			Officer:			
ETA (MAIN BODY)			Enlisted/ Civilian Males:			
ETD (MAIN BODY)			Enlisted/ Civilian Females:			
ETD (REAR DETACHMENT)			TOTAL:			

ENCLOSED FORMS (Check):

<input type="checkbox"/>	CR Form 307-R
<input type="checkbox"/>	CR Form 307-1-R, Training Area Request
<input type="checkbox"/>	CR Form 307-2-R, Range, Firing Point, and Special Course Request
<input type="checkbox"/>	CR Form 307-3-R, Information Management Support Request
<input type="checkbox"/>	CR Form 307-4-R, Target and Target Material Support Request
<input type="checkbox"/>	CR Form 307-5-R, Environmental Pre-Activity Survey
<input type="checkbox"/>	CR Form 307-6-R, Environmental Awareness Statement
<input type="checkbox"/>	CR Form 307-8-R, Vehicle Request
<input type="checkbox"/>	DD Form 448, Military Inter-Department Purchase Request (MIPR)
<input type="checkbox"/>	DA Form 581, Request for Issue and Turn-In of Ammunition (NOTE: Required if using ammunition at WMTC installations)
<input type="checkbox"/>	Dig Plan and Overlay
<input type="checkbox"/>	
<input type="checkbox"/>	

TRAINING SUPPORT REQUEST

HOUSING and FACILITIES

UNIT: _____ POC: _____

FACILITY:	USE DATES:	QUANTITY:	FACILITY:	USE DATES:	QUANTITY:
Admin/Supply Building			Male Barracks (50 personnel)		
Battalion HQ Building			Female Barracks (50 personnel)		
Brigade/Division HQ Building			Classroom (100 personnel)		
Dining Facility <small>See Note 3</small>			Conference Center (building 113) <small>See Note 5</small>		
Maintenance Building			Parade Ground		
Fenced Compound			Athletic Field		
MEDEVAC crew building (building 4001)			Helipad <small>See Note 4</small>		
VOQ <small>See Note 1</small>			Portable Latrine Trailers		
VEQ <small>See Note 1</small>			Sherwood Forest Shower/Latrine (GQ008635)		
Chapel (building 6030)			Wash Rack Latrine (building 14106)		
Troop Medical Clinic (building 4050)					

CLASS III	BULK	RETAIL	Where is Class V (ammunition) to be drawn from ?
Diesel Fuel (Gallons)			<input type="checkbox"/> Camp Roberts <input type="checkbox"/> Other _____
MOGAS (Gallons)			
JP8 (Gallons)			

NOTES:

- 1 - VOQs and VEQs must be reserved through the Billeting Office at (805) 238-8312.
- 2 - All supplies and services require reimbursement by the unit to the installation.
- 3 - Units are responsible for coordinating their own food service support.
- 4 - Specify which helipad is requested (e.g. East Garrison heli-port, TMC, building 2001, or Range Control).
- 5 - Coordinate with NAF at (805) 541-6168.

SPECIAL REQUIREMENTS

TRAINING AREA REQUEST

DATE: _____

UNIT: _____ POC: _____

TRAINING AREA	ACTIVITY	NUMBER OF TROOPS	NUMBER AND TYPE OF VEHICLES	TIME/DATE OF OCCUPATION (SEE NOTE 1)	TIME/DATE OF DEPARTURE (SEE NOTE 1)	REMARKS

Note:

1 - Indicate time of occupation and departure for each day. When occupying a training area over multiple days, specify whether your unit will occupy the training area overnight. **This is required for Range Control staffing purposes.**

REMARKS:

RANGE, FIRING POINT, and SPECIAL COURSE REQUEST

DATE: _____

POC: _____ UNIT: _____

IMPORTANT: Refer to notes below prior to completing this form.

RANGE FIRING POINT SPECIAL COURSE	WEAPON (TYPE and QTY)	AMMUNITION (DODIC and QTY) SEE NOTE 1	TIME/DATE OF OCCUPATION SEE NOTE 2	TIME/DATE OF DEPARTURE SEE NOTE 2	ACTIVITY SEE NOTE 2

Notes:

1 - A copy of the ammunition issue document (e.g. DA Form 581) received from the ASP will be submitted to Range Control when the unit signs for the facility. ***A copy of the DA Form 581 will also be attached to this form when the unit submits this to Operations.*** This is used to verify that the ammunition the unit plans to draw is authorized for use at Camp Roberts.

2 - Indicate when the facility will be used for set-up, live fire, non-fire instruction, etc. and the days/hours of use for each. This is required for Range Control staffing purposes.

3 - **Prior to arrival at Camp Roberts, units carrying ammunition must make contact with Camp Roberts PMO at (805) 238-8190 or Front Gate (805) 238-8191 to coordinate Gate 3 usage.**

REMARKS:

INFORMATION MANAGEMENT SUPPORT REQUEST

DATE: _____

UNIT: _____
UIC: _____
POC: _____

TELECOMMUNICATIONS SUPPORT

TYPE/NUMBER OF PHONES LINES ¹	START DATE	END DATE	BUILDING NUMBER/TYPE ²	REMARKS
<input type="checkbox"/> Voice _____ <input type="checkbox"/> Fax _____ <input type="checkbox"/> Modem _____				
<input type="checkbox"/> Voice _____ <input type="checkbox"/> Fax _____ <input type="checkbox"/> Modem _____				
<input type="checkbox"/> Voice _____ <input type="checkbox"/> Fax _____ <input type="checkbox"/> Modem _____				
<input type="checkbox"/> Voice _____ <input type="checkbox"/> Fax _____ <input type="checkbox"/> Modem _____				

FM FREQUENCY REQUIREMENTS

NUMBER REQUIRED	START DATE	END DATE	FREQUENCY RANGE	TYPE OF RADIO(S) TO BE USED
			FROM: TO:	
			FROM: TO:	
			FROM: TO:	

REMARKS:

NOTES:

¹ Each phone line is capable of DSN, CAGNET, local calls, and calling card calls without an issued PIN number. PIN numbers (issued by Camp Roberts) are required for local toll and long distance calls.

² Enter building number (if known), and role (i.e. Bn HQ, Bde HQ, etc.).

TARGET and TARGET MATERIAL REQUEST

DATE : _____

POC: _____

UNIT: _____

TARGET TYPE/NSN and QUANTITY REQUIRED	START DATE	END DATE	RANGE	REMARKS

REMARKS:



ENVIRONMENTAL PRE-ACTIVITY SURVEY

DATE: _____

This questionnaire identifies potential environmental impacts as a result of requested training by _____, scheduled for _____
(Unit) (Dates)

Actions that meet one or more of the criteria described below will require some level of environmental review and supporting documentation before proceeding. Actions involving several of the criteria described below may require review and approval by higher headquarters, and must be programmed well in advance. A full description of the proposed action(s) and location(s) must be provided to CACR-DPT. Actions which do not meet any criteria described below are normally exempt from review.

References: AR 200-2, AR 200-3, AR 420-74, LOI for ARNG Environmental Checklist, and Record of Environmental Consideration, CAFE-PM, 15 June 1987.

IDENTIFICATION CRITERIA (circle the applicable activities)	YES	NO
Does the proposed action involve grading, filling, or machine-dug excavations of any size?		
Does the proposed action involve hand-dug construction or excavations larger than 2-man fighting positions?		
Does the proposed action involve construction of machine or hand-dug kitchen, shower, laundry sumps, or latrines?		
Does the proposed action involve construction or excavations on multiple sites?		
Does the proposed action involve permanent or semi-permanent or excavation?		
Does the proposed action involve construction, excavations or other training actions that take place in wetland areas (e.g. riverbeds)? NOTE: This criteria does NOT apply to simple river crossings by vehicle or foot.		
Does the proposed action involve field vehicle maintenance, fuel distribution, open burning of propellants, use of chemical agents or simulants, or other procedures involving hazardous materials or hazardous wastes?		
Does the proposed action involve a real estate action, lease, license, permit or otherwise involve the use of military land and facilities for non-military uses?		
Does the proposed action involve the use of explosive ordinance in field training areas not designated as a range?		

CERTIFICATION BY UNIT ENVIRONMENTAL COMPLIANCE OFFICER:

Name: _____

Signature: _____

Telephone Number: _____

Date: _____

ENVIRONMENTAL PRE-ACTIVITY SURVEY

Training area grid coordinates (six digit) or description of sites involved in the affirmative answers from page 1.	
Type of activity anticipated at these sites.	
Number of sites anticipated (for clarification, attach a map overlay).	
Dimension of each anticipated site (L x W x H) (for clarification, attach a map overlay).	

ENVIRONMENTAL AWARENESS STATEMENT

1. The purpose of this statement is to advise the commanders of using units of the responsibility for the conservation of the environment and its' natural resources at Camp Roberts.
2. All training actions and support activities at Camp Roberts will be conducted in accordance with the environmental policies and procedures described in CA ARNG Regulation 200-1, CR Regulation 350-1, and other applicable laws and regulations. Damage to the environment and violation of regulations which occur as a result of willful misconduct or gross negligence shall be referred to the appropriate authority, up to and including The Adjutant General, for investigation and disposition.
3. Section 9 of the Endangered Species Act prohibits the killing, harassing, or possessing of threatened or endangered species. Violation of this act is punishable by a fine of up to \$50,000.00 and/or six months in jail.
4. The following measures are to be implemented to reduce the risk of harming protected species:
 - a. All personnel training at Camp Roberts must be informed about the presence of threatened and/or endangered species and the Camp Roberts environmental protection measures.
 - b. The commander of the using unit will coordinate with the installation environmental office to conduct a Pre-Activity Survey (PAS) prior to grading, filling, or excavation activities. Prior to the start of any action, copies of the completed survey certification form must be in the possession of the requesting unit commander as the individual (s) actually implementing the activity.
 - c. A report of the circumstances surrounding the death or injury of any threatened or endangered species shall be submitted IAW CA ARNG Regulation 190-40. Dead, injured, or entrapped wildlife species shall be reported to Range Control. Reporting personnel shall note the time and location of each sighting.
5. Spills, leaks, or other releases of fuel, POL, or other hazardous materials shall be handled IAW CA ARNG Regulation 200-1 and CR Regulation 350-1. Unit Commanders/OIC's shall retain responsibility for spill clean-up until cleared by Range Control.

I, _____, as the officer in charge of _____ (unit), certify that I have read and understand the above protection measures. I further certify that I assume responsibility for implementing all environmental protection measures outlined in CR Regulation 350-1 during training that will be conducted _____
(inclusive dates)

(Signature of OIC)

(Date)

VEHICLE REQUEST

DATE: _____

UNIT: _____

UIC: _____

MAILING ADDRESS: _____

TELEPHONE NUMBER: _____

FAX NUMBER: _____

TYPE OF VEHICLE REQUIRED	QUANTITY	DATE AND TIME OF PICK UP	DATE AND TIME OF RETURN

WHAT IS THE NATURE OF THE MISSION:

**FOR CAMP ROBERTS USE
ONLY**

APPROVED BY: _____

DATE: _____